

Sexual Assault

Sterling Police Department
Crime Prevention
(978) 422 - 7331

Important Facts Regarding Sexual Assault

- Sexual assault is any unwanted sexual contact where there is a lack of consent and the threat or actual use of force.
- Sexual contact with a person who is **unable** to give consent (due to being asleep, inebriated, drugged or unconscious) is a sexual assault.
- One in three women will be sexually assaulted in her lifetime.
- One in four college women has been the victim of rape or attempted rape during her college years.
- More than 60% of rape victims/survivors know their attackers.
- 7-10% of all adult rape victims/survivors are **MALES**
- Rapists are motivated by **hostility, fear of inadequacy and the NEED TO CONTROL.**
- Rapists use sex as a weapon to hurt, humiliate and intimidate their victims.
- Rape is one of the **most under-reported crimes.** The FBI estimates that only one in ten rapes is reported to the police.

How an Attacker Chooses Their Victim

- **By perceived vulnerability. Potential victims may be...**
 - Apparently incapable of protecting themselves when danger is present.
 - Noticeably careless regarding their environment.
 - Physically or emotionally/mentally impaired.
 - Either very young or elderly.
 - Under the influence of or addicted to drugs/alcohol

During times of stress and crisis:

- a. Holidays
- b. Vacations
- c. Academic crunches
- d. Death
- e. Divorce
- f. Loss of job
- g. New baby
- h. Development crisis (adolescence, early adulthood)

During times of trauma

- a. Abuse
- b. Violence
- c. Disaster/catastrophe

▪ **Testing the potential victim-**

By violating emotional and physical boundaries and observing their reactions.

Emotional testing – attempting to get the potential victim to give them their personal information.

Using obscenities in front of the potential victim without even knowing them.

Physical testing – getting into the personal space of their potential victim.

▪ **Threatening the potential victim-**

Verbal threats against safety, security and life.

Physical threats against safety, security and life.

Perpetrator is in total and full control in this stage and the threat is usually the threat of death.

Avoid becoming a victim...

- **Be alert.** Try not to appear as if you are daydreaming.
- **Walk with confidence.** Show that you are in control.
- **Be aware of your surroundings.** Know where you are and who's around you.
- **Be assertive.** Don't let anyone violate your personal space.
- **Trust your instincts.** If you feel uneasy, get out.
- **Don't** let alcohol and drugs cloud your judgment.
- **Avoid walking or jogging alone,** especially at night. Stay in well-lit areas.
- **Lock your doors and windows,** even if you only leave for a few minutes.
- **Watch for isolated spots,** such as library stacks, laundry rooms, locker rooms, etc.

What to do if you're assaulted...

- Go to a safe place and tell someone you trust what happened.
- It's your choice to report the crime, but remember that action against the attacker can prevent others from becoming a victim.
- Don't shower, bathe, douche, or brush your teeth.
- Don't throw away any clothing or objects that might contain evidence.
- Save every article of clothing worn during the attack without laundering it or altering it.
- Seek medical attention. Go to the hospital for treatment of injuries, prevention of STD's or pregnancy, and emotional counseling.
- Be a good witness. Even though it may be hard, try to remember the details. The sooner you tell, the sooner the attacker can be caught.
- Seek counseling and friends to help you in the aftermath. Remember, it's not your fault.
- **If it happens to someone you know, be there for them and don't abandon them. Believe their story and offer support. Remind them that it's not their fault.**

ELEMENTS OF THE CRIME OF RAPE

CHAPTER 265 SECTION 22 RAPE, GENERALLY

SUBSECTION (b)

1. VICTIM
2. AGE SIXTEEN AND OLDER
3. SEXUAL INTERCOURSE OR UNNATURAL SEXUAL INTERCOURSE
 - PENETRATION NO MATTER HOW SLIGHT
 - INTO ANY ONE OF THE BODY ORIFICES
 - MOUTH, VAGINA OR RECTUM
 - BY ANY OBJECT

(PLEASE NOTE THAT PENETRATION INTO THE MOUTH OF A VICTIM BY AN OBJECT OTHER THAN PENIS HAS NOT BEEN ESTABLISHED TO FULFILL THIS REQUIREMENT UNLESS FURTHER ARTICULATED.)

4. BY USE OF FORCE **AND** AGAINST THEIR WILL

or

5. THREAT OF BODILY INJURY

PENALTY: STATE PRISON UP TO 20 YEARS

SECOND OR SUBSEQUENT OFFENSE: STATE PRISON
FOR LIFE OR ANY TERM OF YEARS

INDECENT ASSAULT AND BATTERY

M.G.L. C. 265 § 13H

4 Elements:

1. Alleged victim at least 14 years old at time of offense.
2. Defendant committed an assault and battery on the alleged victim:
 - *Intentional* touching without legal justification or excuse
 - Indecent assault and battery does not require specific intent, only the general intent to do that which the law prohibits.
3. The touching (A&B) was “Indecent”.
 - “Indecent” is defined in case law as a touching that is “fundamentally offensive to contemporary standards of decency and moral values.”
 - Touching of area commonly thought private:
 - Penis
 - Buttocks
 - Breasts
 - Vagina
4. Alleged victim did not consent.

INDECENT EXPOSURE

M.G.L. C. 272 § 53

3 Elements

1. Defendant exposed his/her genitals/buttocks/breasts to one or more persons.
2. Exposure was intentional.
3. One or more persons were offended by the defendant exposing self.

OPEN AND GROSS LEWDNESS

M.G.L. C. 272 § 16

5 Elements

1. Defendant exposed his/her genitals/buttocks/breast to one or more persons.
2. Exposure was intentional.
3. Defendant did so “openly”.
*either intended public exposure or recklessly disregarded substantial risk of such.
4. Defendant’s act done to produce alarm or shock.
5. One or more persons were alarmed or shocked.
 - This offense is primarily applied to indecent exposure in front of and sexual conduct with children.

MASSACHUSETTS GENERAL LAWS, CHAPTER 119

SECTION 51A Injured children, reports; immunity; privileged communications: penalties; notice of determination

MANDATED REPORTERS

Any physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, optometrist, osteopath, public or private school teacher, educational administrator, guidance or family counselor, day care worker or any person paid to care for or work with a child in any public or private facility, or home or program funded by the commonwealth or licensed pursuant to the provisions of chapter twenty-eight A, which provides day care or residential services to children or which provides the services of child care resource and referral agencies, voucher management agencies, family day care systems and child care food programs, probation officer, clerk/magistrate of the district courts, parole officer, social worker, foster parent, firefighter or policeman, licenser of the office of child care services or any successor agency, school attendance officer, allied mental health and human services professional as licensed pursuant to the provisions of section one hundred and sixty-five of chapter one hundred and twelve, drug and alcoholism counselor, psychiatrist, and clinical social worker, priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of a priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, or accredited Christian Science practitioner, or person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis, who, in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition to the department by oral communication and by making a written report within forty-eight hours after such oral communication; provided, however, that whenever such person so required to report is a member of the staff of a medical or other public or

private institution, school or facility, he shall immediately either notify the department or notify the person in charge of such institution, school or facility, or that person's designated agent, whereupon such person in charge or his said agent shall then become responsible to make the report in the manner required by this section. Any such hospital personnel preparing such report, may take or cause to be taken, photographs of the areas of trauma visible on a child who is the subject of such report without the consent of the child's parents or guardians. All such photographs or copies thereof shall be sent to the department together with such report. Any such person so required to make such oral and written reports who fails to do so shall be punished by a fine of not more than one thousand dollars. Any person who knowingly files a report of child abuse that is frivolous shall be punished by a fine of not more than one thousand dollars.

INFORMATION CONTAINED IN A REPORT

Said reports shall contain the names and addresses of the child and his parents or other person responsible for his care, if known; the child's age; the child's sex; the nature and extent of the child's injuries, abuse, maltreatment, or neglect, including any evidence of prior injuries, abuse, maltreatment, or neglect; the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect; whatever action, if any, was taken to treat, shelter, or otherwise assist the child; the name of the person or persons making such report; and any other information which the person reporting believes might be helpful in establishing the cause of the injuries; the identity of the person or persons responsible therefore; and such other information as shall be required by the department.

Statute of Limitations for Rape

The statute of limitations for the prosecution of rape is 15 years from the date of the offense. The time stops when an alleged perpetrator leaves the country.

“DATE RAPE DRUGS”

KETAMINE: “Special K” (Ketalar, Ketaset, Ketajet, Vatalar) Class E in Mass

- Used as a non-barbituate anesthetic (particularly for children) and in veterinary clinics.
- Produces hallucinogenic effect.
- Common at “Rave” parties.

Use

- Usually sold recreationally as white powder or in its liquid form from a vial; also comes in a white tablet or as clear, red, or black/yellow capsules; \$20-\$30 per tablet.
- Snorted, injected, or swallowed depending on form.
- Sources: diverted from veterinary clinics, warehouses and other legitimate sources.
- Cocaine + Ketamine = “Calvin Klein”.
- Ketamine has also been found cut with Inisotol.

Symptoms/Detection

- Users report the following symptoms:
 - Sensations noted within 15 seconds.
 - “psychological manifestations vary in severity between pleasant dream-like states, vivid imagery, hallucinations, and delirium. These states may be accompanied by confusion, excitement, or irrational behavior, which some have described as unpleasant” (1992 PDR).
 - Profound changes in consciousness and senses.
 - Strange “woo” sound fills the head.
 - Hands and feet won’t respond to commands.
- Can be detected in toxicology tests.

ROHYPNOL: “Roofies” Flunitrazepan of the benzodiazapam family (e.g. Valium)

- Rohypnol is ten times more powerful than Valium.
- Made in Switzerland by Roche Laboratories, used as a sedative and for treating severe sleep disorders in Europe. No legitimate use in US.
- Common at colleges and high schools.

Use

- Comes as a white, aspirin-sized tablet marked “Roche”; \$2-\$5 per dose.
- Counterfeits exist (brown, pink, off-white).
- Tasteless, colorless and odorless, this tablet, which may be crushed into powder, dissolves well in carbonated beverages (beer), making it particularly suited to date-rape crimes.
- Also being mixed with cocaine; used by heroin users to mitigate withdrawal.
- Diverted into US from legitimate supplies in Europe and other countries.

Symptoms/Detection

- Effects begin within 15-20 minutes, peak within 1-3 hours, and may last as long as 8 hours.
- Victims report being light-headed, drowsy, dizzy, confused.
- Amnesia is a common side effect, making prosecution difficult.
- After-effects include anxiety, difficulty sleeping, increased dreaming, altered skin sensation (prickling or burning), sensitivity to light and sound.
- Blood tests will show Rohypnol within first 4-6 hours. Urine *metabolite* test will show 48-72 hours later. Hoffman-LaRoche will test for free (1-(800) 608-6540).

GHB (Gamma Hydroxy Butyrate): “The ideal sleep-inducing substance”

- Naturally occurring chemical in mammals (neurotransmitter?); powerful CNS depressant.
- Used for 30 years in Europe as an anesthetic (particularly in child birth), and to treat insomnia, depression, alcoholism, and abreactive therapy (verbalized release of repressed emotion).
- Common among bodybuilders (believed to enhance muscle growth) and students.
- Banned from over-the-counter sales in 1990; however, not illegal to possess.

Use

- Most commonly found in rough, white powder form, similar to laundry detergent; may emit odor similar to mothballs.
- May be snorted; colorless and odorless when mixed in a beverage – salty, bitter aftertaste.
- \$30 for 10 grams when ordered pharmaceutically.
- Reports of “bootleg” GHB in nightclubs costing as little as \$10 per 10 dose bottle.
- “high” dose up to 1 gram; 1.5 grams (+/-) will produce forced sleep; 4 to 5 grams intravenously is the medically anesthetic dose (used with other anesthetics).
- Obtained through legitimate European sources or may be made on stovetop with easily attained chemicals; many recreational sources of this “bootleg” variety.

Symptoms/Detection

- Users report pleasant state of relaxation, placidity, mild euphoria, drowsiness, hypotonia (muscle relaxation), increased vocalization; high is similar to that of alcohol, with no hangover the next day.
- Effects begin within 5 to 20 minutes after consumption, last 1 to 4 hours.
- Sufficiently large dose will induce sleep within 5 to 10 minutes.
- Like alcohol, GHB produces sexual disinhibition.
- Unlike Rohypnol, GHB does not produce amnesia.
- Harmful or fatal if taken with alcohol or other sedatives.
- “The Dawn Syndrome” – GHB-induced sleep is similar to natural sleep. As GHB wears off, the stored dopamine is then released, causing wakefulness and alertness in the middle of the night or after only a few hours sleep. This also helps explain why users of GHB report a sense of well-being and refreshment the next day.
- A urine test can detect GHB; however, GHB is completely metabolized into carbon dioxide and water, leaving absolutely no residue of toxic metabolites. Therefore, urine test must be done within 4-8 hours. Undetectable after 12 hours.

Under Federal Law, using drugs to commit a crime adds an additional sentence of 20 years as of October 1996.

Important Phone Numbers

Sterling Police Department	(978) 422 - 7331
National Domestic Violence Hotline	(800) 799 – SAFE
Massachusetts Domestic Violence Hotline	(877) 785 - 2020
National Sexual Assault Hotline	(800) 656 – HOPE
Pathways for Change <i>(Previously Rape Crisis Center of Central Mass)</i>	(800) 870 - 5905